CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	3.0
City or town (if outside city or town limits, write RURAL and give nearest town)	State County
How tong In above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Christofolier Big	er
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ru n- ugarred.	20 DATE OF DEATH January 3 1947 21/2:101
7 13 15	and the control of th
6.(b) Name obstructioned or wife. The same of the	21. I CERTIFY that death occurred on the date afove elated; that I altended deceased from Systems 26 19.46 to January 3 19.44
	1 2
7. Birth date of decaged (ma., day, yr.) after 19 1887	and that I last eaw harry allve on garring 2 19 44
8. AGE: Yeare Months Days tf less lhan one day	Immediair cause of death DURATION
5-9 8 14 hrs. min.	Carcinoma of Peadder 6 400
J 0 1 1 1 1 1 1 1 1 1	0
9. Birthplace	Due to
(10wn, county, and state)	
10. Usual occupation.	Due 10.
11. Industry or bueiness	
12. Name Celevina (2)	Other conditions
13. Birthotace	
14. Malden name Deschare Bringele. 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Carefur Todder
15. Birthotace Service	Date of op Clut. 1741
5 80 . O . A.	
16. Informant Comments of the second of the	Antopsy results
Address Dellar Mell.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Suresch Date Thereof 1 7 7 4 7	Accident, suicide, or homicide
(Burial, cremation, or remayal. Which?) Date Ihereof. (month) (day) (year)	Manifold and an included an included an included and included and included an included and included and included an includ
Cemetery or crematory of Milkell Clinical Company	Where did Injury occur?
Location Deutan Gul	Injured at home, farm, Industry, public place (where?)
1.5/ · · · · · · · · · · · · · · · · · · ·	Meens of Injury Injured all work?
18. Funeral director	XX AK TT 11.10
Address Durkan. M. J.	23 SIGNATURE Thank hurth Ma
" 1/2 047 mm A France	M. D. or other
(Date ree'd by registrar)	Address Date signed 144 1

INF. DING INK. Supply every item of information carefully. The correct age att. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

PLEASE

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		1 A	20
leg.	Dist.	No. Call	207 4

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	To the state of th
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County Caroline
City or town	See A. L. A.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
<u> </u>	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Joseph I neutaen	3. (b) Social Security Number
4. Sex 5 Folor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male wolored infant	20. DATE DF DEATH
//	21. I CERTIFY that death occurred on the date above stated: that Pattended deceased from
6.(b) Name of husband or wife	dee 030 146 10 Jun 2 1947
7. Birth date of	and that I last saw h. Scientific on Jan 11 19. 8. 7.
deceased (mo., day, yr.) Sexuenter 9 1946	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Dist cles Anecurea sha
3 23hrsmin.	()
Easton MA	Due to.
9. Birthplace	040 10
10. Usual occupation	Due to.
11. Industry or business	DUE 19.
	Dither conditions.
12. Name Murry & Tourstain Delaure	BITCL CUITATION
	(Include pregnancy within 3 months of death)
14. Maiden name amadelle thurson 15. Birthplace Guenstow Md.	Major findings of operations.
El 15. Birthplace guenstow Ma.	Date of op.
18. Informant Umastelle Jamestain	Autopsy results
Address Streetslass md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 20 200 3 1940	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Mussian	Where did injury occur?
N. W. Humater Ind.	Injured at home, farm, industry, public place (where?)
Location D D D	Means of Injury Anjured at work?
18. Funeral director Nay 33, 177 & B. Mawings	
Address Succes biso. mily	Drade X Stoward has
1. 1. 2 1/7 000 1/11	23. SIGNATURE M. D. or other
19. July 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Lease by hed bate signed 1 22
	1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

correct age

9-45-15M



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PLEASE 1

VS A15

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

2 HOURS DECIDENCE (LLOBATE) OF DECEASED

CERTIFICATE OF DEATH

Reg. Dist. No. 64

County Caroline	(For newborn infants give residence of mother)			
^	State Maryland County Carolina			
City or town Thatlandakung - Thursh (If outside city or fown limits, write RURAL and give nearest town)				
How long in above place of death? 2 months	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, instilution, or street address where death occurred:	P. 1- P. A.			
Preston Road	Street No. Road (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) if veteran, name war			
3.(a) FULL NAME George M. Harper	3. (b) Social Security Number			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Tale Hite. Widowed	MEDICAL CERTIFICATION			
Tale Mail. Maowed	20. DATE OF DEATH January 15 1847 21: 1 P.			
6.(b) Name of husband or wite Sallie C. Harfer	21. I CERTIFY that death occurred on the state above stated: that Tattended deceased from 7 4 7			
	19 10 10 10 10 119 1			
T. Birth date of deceased (ma. day, yr.) July 27 1858	and that I last saw h			
appeared (med and) and	Immediate cause of deaths			
8. AGE: Years Months Days If less than one day	I brome Khyocardal, you			
88 5 18hrsmin.	1) Ageneration			
Angleste Cont. May land	One le			
9. Birthplace Dorchestler Country Many land (Town, country and state)	Que 1q			
10. Usual occupation Retired Farmer	0.00			
7	Oue to			
11. Industry or business Farm				
# 12. Name John Harper	Other conditions			
\$ 13. Birthpiace Dorchester Co to laryland				
14. Maiden name Eliza Mc aleiston	(Include pregnancy within 3 months of death)			
	Major fiediogs of operations.			
15. 8 ortholoce Soichester Con to Maryland	Qate of op			
The Contract of the State of th				
	Actopsy resolts			
Address Federalsburg Maryland R.F.D.				
17 Avial Para Marcant La ruan, 17, 1941	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) Oate thereof. Ta	Accident, suicide, or homicide			
Cemetery or crematory Saint Paul Cemetery	Where did Injury occur?			
,				
Location Mean Hurlock Maryland	Injured at home, farm, Industry, public place (where?)			
18. Funeral director & F. Frampton and Son	Means of Injury Injured at work?			
7/1/	W O Harrison MD			
Address Italialabung Maryland	23. SIGNATURE WCHarmon/NJ			
10 January 17 10 47 3. S. Fram storm	M. D. or other			
18. January 17 19 47 3. S. Fram Stom. (Date rec'd by registrar) Registrar	Address Date signed			



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1 PLACE OF DEATH.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00375

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Diat. No.

Caroline	(For newborn infants give residence of mother)		
	State		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? full life	City or town		
Hospital, Institution, or street address where death occurred: N. Main St.	Street No		
	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
George W. Johnson	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	Q		
male white married	20. DATE OF DEATH January 8, 19 47 at 4.30 N		
6.(b) Name of husband or wife Edith Johnson	21. I DERTIFY that death-poccurred on the date above stated; that t atjended deceased from		
	Obo 1= 19 46 10 10 19 47		
7. Birth date of	and that I last saw h. J. M. alive on		
deceased (mo., day, yr.) March 23, 1873	Immediais cause of death DURATION		
8. AGE: Years Months Days If less than one day			
73 9 I5hrs. min.	Oulen nory luberculoses Unknow		
Concord Md			
9. Birthplace Concord, Md. (Town, county, and atate)	Que 10		
10. Usual occupation Painter			
	Due to		
11. Industry or business			
불 12 Name Caleb Johnson	Other conditions		
13. Birthplace Md.	(Include pregnancy within 3 months of death)		
14. Maiden name Emily Voss			
	Major findings of operations		
15. Birthplace Md.	Date of op.		
16. Informant Mrs. Edith Johnson	Aulopsy results		
Address Federalsbburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Date thereof I-II-1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Hillcrest Cem.	Where did Injury occur?		
Location Federalsburg, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director J. Harvey Williamson	Meens of Injury Injured at work?		
Address Federalsburg, Md.	(Is all Make the mass		
Address	23. SIGNATURE AND CONTROL OF CONT		
19 tau 10 19 47 XX. Farres	Ladrechkeina Md. 119/4-		
19. Jan 10 (Date rec'd by registrar) 19. Depty Registrar	Address Date signed		

RECEIVED JAN 18 1947 BUREAU F 8. 2-25

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

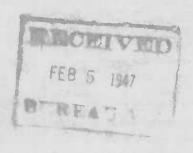
2411 N. Charles St., Baltimore

00376

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Caroline			
City or town Federalsburg (If outside city or fown limits, write RURAL and give nearest town)	State Mayland County Carolina		
How long in above place of death? 7 44	City or tawn. (If outside city or town fimits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 214 Yest Central avance		
214 West Central avenue	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Mary E. Kinder	3. (b) Social Security Number		
Mary 6. Kinder	Rone		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Finale White Widowed	10.150		
	2D. DATE DE DEATH famany 25 19 +7 , 21 10:15 P		
6.(b) Name of husband or wife Edgar L. Kinder	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from		
V	10 2 9 19 47, to 1/25 19 4		
7. Birth date of	and that I last/saw h. en alive on 1/25/ 19.47		
deceased (mo., day, yr.) Tebruary 22, 1856	Immediate cause of death		
8. AGE: Years Months Days It less than one day			
90 11 3hrs. min.	Cormany Man vous 2 ms		
Charter Paraller in			
8. Birthplace (Town, county, and state)	Due to.		
10. Usual occupation Housework			
	Due to		
11. Industry or business			
# 12. Name Heliam 7. Cutler	Other conditions		
\$ 13. Birthplace Massachusette			
14. Maiden name Eliza Younker	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
2 15. Birthplace Chester, Pennsylvania	Date of op		
16. Informant Mrs. Charles J. Handy	Autopsy results		
Ŧ	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address tederalsburg maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Budgevilla Cervitery	Where did injury occur?		
Location Bridgarilla Delaware	Injured at home, farm, Industry, public place (where?)		
1	Meens of Injury Injured at work?		
18. Funeral director of Frampton and Son	1 1		
Address Federalsburg Maryland	(trenkell. andere WI		
, - 0+	23. SIGNATURE M. D. or other		
19. Faruary 28 19 47 5.5. Trans Plans	Address to deres way M Chite signed 1/281		



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			m at	77.1	50	
Reg.	Diat.	No.				

1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town	City or town		
Hospital, Institution, or street address where death occurred:			
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M Married	2D. DATE OF DEATH January 1 19 47 at 11:10		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/18 19. 40 to 1/1 19. 47 and that I last saw h. 1		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Acute dialatation DURATION		
77 28min.	of heart 1 min.		
9. Birthplace Chmer Cermany (Town, county, and state) 1D. Usual occupation Parmer 11. Industry or business	Due to. Chronic Myocarditis 10 yrs.		
12. Name John Hnry Tubla 13. Birthplace Carrieny	Diher conditions Had an acute coronary Occlusion in 1940 (Include pregnancy within 3 months of death)		
14. Maiden name a arie Freksmeyer 15. Birthplace Cermany	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Wm. H. Lubba	Autopsy results. NO PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Preston, d. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Levelor Address Preston, d. Date thereof Jan. 4, 1947 (month) (day) (year) Cemetery or crematory Levelor Asston, Id.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director H. 1. Hollis Address Ir ston, No. 19. Out rec'd by registrar) Out rec'd by registrar	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address Date signed		



932

	Reg. Dist. 100miniminimini
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Regr ngwborn infants give residence of mother ()
County	State Maryland coupty Caroline
(If outside ty or town limits, write EURAL and given or list town)	City or town & Thomas town Rural
How long in above place of death?	(If the taide city or town limits, write RURAL and give nearest town)
ospital, institution, of street address where death occurred.	Street No. (If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME / P	3. (b) Social Security Number
John Henry Mas	Theurs
5. Color or race 6.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Male Black Wiclowed	20. DATE OF DEATH January 12 1947 at 1.30
and the standard of the Cal	21. I CERTIFY that death occurred on the date angle stated; that altended deceased from
8.(b) Name of husband or wite	Ook 3 146 10 Jace 11 104
J. Birth date of	and that I last saw h Acra alive on
deceased (mo., day, yr.) 4	Immediate ourse of death
07/2	Chines (mejocardeles (3)
8 0 0 min.	
9. Birthplace Melloloto, true lines, MCC.	Due to Cotte Cott
10, Usual occupation. Zaborov	Civional
11. Industry or business	Due to
	Greene Browchile
12. Name G teck Mathews 13. Birthplace Md.	Utner conditions
	(Include pregnancy within 3 months of death)
14. Malden name Rebecca Wright 15. Birthplace Mcl.	Major fiedings of uperations.
El 15. Birthplace	Date of op.
16. Interment 6 texabeth wown	Autupsy results
Address 1431 Walyner St. Phela. Pa.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof 1 / 16/47	Accident, suicide, or homicide
(Burial, cremation, or remova, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Localion Learn Stellaron	Injured at home, farm industry, public place (where?)
18. Funeral director, Raymond 13. Pawlings	Meane of Injury Injuryd at work?
Addres Treoholoro, Md.	(And X Hours of the
Day 16 and & 19 Davis	23. SIGNATURE M.D. or other
19. And 19. (A) Material Registrar Registrar	Address Scene by MA Date signed 1.5
	164

MARGIN RESERVED FOR BINDING



Evidence for Change age is shown on til MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The confidence of death clearly and legibly. (For newborn Infauts give residence of mother (If outside city or town limits, write RURAL and give nearest town City or town enso (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i 20. DATE OF DEATH ... 21. LEERFIFY that death occurred on the date above stated; that I attended deceased from oly every it 7. Birth date of end that I last saw h Ama alive on ... Same deceased (mg., day, yr.) DURATION Immediate cause of death ... 8. AGE: Kentiusive heart desease until Id 10. Usual occupation. important. (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations..... 15. Birthpiace PLAINLY, Is especially 16. Intermant Muse Chine PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Injured at work? Meens of Injury Address M. D. or other .Dato signed

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2-35

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MARYLAND STATE DEPARTMENT OF HEALTH

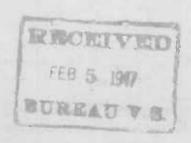
2411 N. Charles St., Baltimore

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00380

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town (If outside city or pown limits, write RURAL and give nearest town)	State Maryland County Carolina		
How long in above place of death? 22 49 are	City or town Technology (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 102 South Main Street		
102 South Main Street	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ruth n. Phillips	218-20-8059		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Hite Married	20. DATE OF DEATH January 26 19.47 21 4:45 P.		
6.(b) Name of husband or wife Floyd Phillips	21. InCERTIFY That death occurred on the date above stated: that I attended deceased from		
	Dic 17 1946 10 Jan 28 1849		
7. Birth date of years	and that I last saw he V alive on Jan 29 1947		
deceased (mo., day, yr.) Icember 27, 1899	Immediair cause of death DURATION		
8. AGE: Years Months Days II tess than one day	acute Pelminay Cleding 4 hr.		
47 0 29hrsmln.			
9. Birthplace Hulock Dorchetter Court, Maryland (Town, county, and state)	Due to fretutes tatil. aug 199		
l V	Careonina.		
1D. Usual occupation	Bug to Premary Carconina.		
11. Industry or business P. a. Crock Fred Company	Lofa Breat		
12. Name Orteria Nichola T 13. Birthplace Dorchester Gunty Maryland	Dither conditions aqualled aug / 3 / 946		
13. Birthplace Dorchester County Maryland			
14. Malden name Lydia Krightson 15. Birthplace Falbox County Maryland 16. Interment Flored Phillips	(Include pregnapy within 3 months of death) to the Bust		
N 15 Birthalasa Jalla d Comenter March	major indings of operations.		
= 1 Alienia	With general Print ashers Date of op cing 13 1 43		
	Antopay results		
Address Federalsburg Maryland	22. VIOLENCE: If death was due to external causes, fift in the following:		
17. Cural Date thereof January 29, 1947. (Burist, cremation, or removal, Which?)	Accident, suicide, or homicide		
-/	Where did injury occur?		
Cemelery or crematory Amshington Constany	(City or town) (County) (State)		
Location Mear Hurlock, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director f. F. Framptom and Son	Means of Injury Injured at work?		
Address Federalsburg Maryland	11 & Lemmen med		
4 20 117	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address Federalsling md Date signed 1/29/4°		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



00381 Reg. Diat. No. 6 2

1. PLACE OF DI				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carolini - Rural						
(If outside city or town limito, writs RUKAL and give nearest town)		State Maryland County Caroline				
	ce of death?			City or town Denton - Rural (If outside city or town limits	write RURAL and give ne	s rest fown)
Hospital, Institution, o	or street address where	death occurred	:			
	near Willis	ton		Sireet No. Near Welliston (Ifrural, give LOCATION)		
New long to bounded	or Institution?			2,(a) If veleran, name war.		
				2.(a) If veleran, name war		
3. (a) FULL NAM	Mar	y R. Ri	nge		3. (b) Social Security	Number
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	white	This	dd	,		
	There	1/14	asma	20. DATE DF DEATH January	9 19.47	, at 2.55 P. W
0 (h) N (h h	Louis Lou	is Ring	<u></u>	21. I CERTIFY that death occurred on the date abo	we stated: that I attended dece	eased from
6,(o) name of nusuant	g gr wiiz	0		9 an 9 19.	47 10 Jan 9	10 47
7. Birth dale of		6,(e) If allve, give ageyears	and that I last saw halive on	• /	19.4.7
deceased (mo., day.	yr.) July	10, 18	48			
8. AGE: Year	rs Months	Days	tf less than one day	Immediate cause of death		7 /
9	8 5	29	hrs	Fran P neuros		3 days
	1	1			•••••	
9. Birthplace	hiladelphia,	Pennsy, and s	lvania	Oue to		* *************************************
40 Hours accumuling	Ho	asework				***************************************
				Due to		
11. Industry or busine		Home			***************************************	* *************************************
불 12. Name	Christian /C	eichman	J	Other conditions arleris Aclum	~•/	12 42
12. Name	Prussia					
	8 00. 00	0 71	12/-0	(Include pregnancy within 8 months of death)		
王 14. Malden name	sophie the	stotle	on Helmerding	Major findings of operations		
S 15. Birthplace	Prussia	,	V	- Date of op.		
14. Malden name	min h. P	R.				
16. Informant		Autopsy results				
Address Derton Maryland R.F.D.			2. 升).			
22. VIOLENCE: If death was due to external causes, fill in the following		ses, fill in the following:				
(Hurial, cremation, or removal, Which?) Oate thereof days (year) Acc						
		Where did Injury occur? (City or town)	(County)	4Pa-4 .)		
1						
Location	Location Philadelphia, Pennsylvania		Injured at home, farm, Industry, public place (wi	nere?)		
18. Funeral director	J. J. Fran	ptom	4 Son	Meens of Injury	Injured at work?	
Address	Federalsbu	ig man	whend	XIII	Turto Zud.	
O 15 la De		23. SIGNATURE OUT	mous as			
19. Lace 1	O 1947	1 mg	DO Tenac	Do To		or other
(Date rec'd by re	egistrar)		Registrar	Address Newson	Ma Date signed	1/10/9

DECETVED

JAN 16 1947

BUREAU V 6

1. PLACE OF DEATH: County Caroline

How long in above place of death?

How long In hospital or Institution?. 3. (a) FULL NAME

Hospitat, Institution, or street address where death occurred:

9	- 1
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19. Vanuary 21 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (b) Social Security Number

none

CERTIFICATE OF DEATH

E OF DEATH	. 56- I	Reg. Dist. No. 64
2. USUAL RESIDENCE (HON (For newborn infants give resi		
State Maryland	County	Caroline
	wn limits, wri	tural ite RURAL and give nearest town)
Street No. Near Co	acord	
(If ru	ral, give LOC	ATION)

2.(a)	11	veteran,	name	wa

4. Sex	5. Color or race	6.(a)Single	. married, widowed, or divorced	
Male	White	71	rairied	
6.(b) Name of husband	or wife		infield) It alive, give age 69 years	
7. Birth date of deceased (mo., day, y	.) Novembe			
8. AGE: Years	Months	Days	If less than one day	
76	2	3	hrsmin.	
9. Birthplace		ophry, and s	ufland	
1D. Usual occupation				
11. Industry or business				
12. Name John Satterfield 13. Birthplace Caroline County Manyland				
14. Maiden name Martha Luclivan				
	4	11	//	
16. Informant Mrs. Grace Statterfills				
Address Fed	eralsburg	maryla	end R.F.D.	
Address Federalsburg Maryland R.F.D. 17. Burial (Burlai, cremation, or removal, Which?) Date thereof Lanuary 21, 1947 (month) (month) (day) (year)				
Cemetery or crematory Hill Crest Cemetery				
Location Federalsburg Maryland				
18. Funeral director of f. Frampton and Lon				
Address Federalsburg maryland				
		/	- 01-	

Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

William E Latter Died

Near Concord

MEDICAL CERTIFICATION

20. DATE OF DEATH January	19 104	7 . 8:25 /
21. I CERTIFY that death occurred on the date above sta		
and that I last saw h. sin alive on June	10 Jan	7.19 1941
and that I last saw him alive on	may 19	19.54
1 1 1 1		DURATION
Dettuis relev	ni	2 4/1
Due to		
Due fo		

Other conditions		
(Include pregnancy within 3 month	s of death)	
Major findings of operations	*************************	
.,	Date of op	
Autopsy results		ged statistically.
22. VIOLENCE: If death was due to external causes, 1	ill in the following:	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (where?)		
Means of Injury	tnjured at work?	

23. SIGNATURE I Sulf / Lustle 24 &



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12

City or town. (If outside only or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siale County City or town
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Maria Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W widowed	20. DATE DE DEATH Jamen 30, 19 47, at 3 A
8.(b) Name of husband or wife alhad Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Alcumbu 20 19.29 to Sun voy 30 19
7. Birlh date of deceased (mo. day, yr.) Wen 11, 1856	and that I last saw h. At alive on January 30 19 47
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
90 8 19hrsml	in Diterio selumo 10 fla
9. Birthplace Baltimose Jud. (Town, county, and stage)	Due to
10. Usual occupation.	Due to
tt. Industry or business	
12. Name Samuel Gratt	··· Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary a. Ball.	Major findings of operations.
2 15. Birthplace Fallimore, hid.	
16. Informant Du Taul Smith	Autopsy results.
Address Wilming to Del	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Quisl Date thereof Fat 2 1949	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did inhury occur?
O. 1. D.O.	
Location	Injured at home, farm, industry, public place (where?) Means of Injury injured at work?
18. Funeral director and waged human son	Meetie of titler)
Address Derfton, Md.	- 23. SIGNATURE Draw Mostle MA
19. 2/2 1947 /m DD Jeerge	Wenter Ind and Old - 14

FEB 5 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			/	7
Reg.	Diat.	No.	0	1

00384

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
County	State Maryland County Caroline
City or lown(If outside city or town limits, write RURAL and give nearest town)	Menster Musal.
How long in above place of death? 49 yes.	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME () O d	3. (b) Social Security Number
The Stopkins	Vowers
4. Sex 5. Color or ace 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
J. Wile Married	2D. DATE DE DEATH JUNEARY 16 19 47 21 2 A. A.
8.(b) Name of husband or wife. C. A. Nowers	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from
6.(c) If allve, give age JO year	1945 to faw 6 1947
7 Right date of	and that I las Gaw h. LT alive on C. C. C. L. J. L. 19 L. L.
deceased (mo., day, yr.) //00. 30 , /8/6	Immediate cause of death
8. AGE: Years Months Days If less than one day	V
logical designation of the second sec	in.
9 Birtholace Nobles Caroline Mcl.	Due to I selmonny Julies loses 15 gm-
(Town, county, and state)	
10. Usual occupation would write	Due Io
11. industry or business (
= 12 Name Johnson Co. Lowers	Diher conditions arleus acleuses 10 gs.
13. Birthfige met.	
	(Includo pregnancy within 3 months of death)
14. Malden name & Clerk Callaway 15. Birthplace Mcl.	Major findings of operations.
≥ 15. Birthplace	Date of op
16. Informant C. TY. I owers	Autopsy results
Address Preston. Mcl.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
18/19	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof. (mont) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Uestlon,	Where did injury occur?
My ton Mid	Injured at home, farm, Industry, public place (where?)
Location	Meens of Injury Injured at work?
18. Funeral director	
Address Steepslow, Mcl. U	23 SIGNATURE NAMED O TIONS
Jas 11 wa Zmap of	M. D. or other
19. (Doe rec'd by registrar) Registra	at Address Dulace Date signed //6/47

RECEIV

JAN 21 1947

BUREAU I 8

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(Date rec'd by registrar)

correct age

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Co

3.

4.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00385

CERTIFICAT	E OF DEATH Reg. Diat. No. 4
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Set 5. Color or race 8.(a)Single, married, widowed, or divorced 10 10 10 10 10 10 10 1	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the dale above stated; that I ettended deceased from and that tast saw h. Ambilive on a supply 6 18 47. Inactics cause of death. Due to Lease of death. Due to Lease Secular a 15 ease. Other conditions. (Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace 16. Informant Address Lauradinn Date thereof (Burlal, cremation, or removal. Whiching) Cemetery or crematory Location Location 18. Funeral director. Location Locat	Major findings of operations

Registrar

REGETYES JAN 11 1947 BUREAUTS